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Ayurvedic Management of *Lichen planus*- A Case Study

Sunil D. Tagalpallewar

Professor, Kayachikitsa Department,

Dr. R. N. Lahoti Ayurvedic College, Hospital And Research Institute,

Sultanpur, Dist. -Buldhana (MS.

Corresponding Author: Email: drsuniltagalpallewar@gmail.com

Abstract:

***Lichen planus* (LP)** is a chronic inflammatory and immune mediated disease that affects the skin, nails, hair, and mucous membranes.[1] It is characterized by polygonal, flat-topped, violaceous papules and plaques with overlying, reticulated, fine white scale (Wickham's striae), commonly affecting dorsal hands, flexural wrists and forearms, trunk, anterior lower legs and oral mucosa.[2]A 40 yrs. old male patient visited OPD with complaints of itchy, large veracious lesions on medial malleolus of both legs for a long time. These symptoms were occurring off and on for the past 2 years and 5 months including a recurrence 2 months ago. He also had a history of diabetes. For current recurrence he has taken treatment from dermatologist for 3 months. As itching persists he has chosen to take ayurved medicine. As per ayurved it is kushtha with predominance of kapha. *Charma Kushtha* is a clinical condition described in Ayurveda which resembles LP. Ayurvedic perspective of this particular case presenting with pruritus and verrucous lesion can be established with clinical presentation. Itching, hyperkeratosis, sliminess, and thickness, all are the features of *Kapha* dominancy. Acanthosis (*Karshnya*) is the feature of aggravated *Vata*. On the basis of symptomatology, the disease can be equated with *Kapha-Vata Kushtha*.So treatment was chosen as Mahatiktakam kashayam, Mahamanjishthadi kashayam and vilwadi gulika. Both kashaya are mentioned in kushtha chikitsa itself while vilwadi gulika is mentioned in visha chikitsa which is also one cause of kushtha. Patient was advised to visit fortnight and observed clinically. After 2 months symptoms disappears. Thus this regimen shows good result in *Lichen planus*

Keywords: *Lichen planus, kaphavataj kushtha, Mahatiktakam kashayam, Mahamanjishthadi kashayam, vilwadi gulika*

Introduction-

***Lichen planus* (LP)** is a chronic inflammatory and immune mediated disease that affects the skin, nails, hair, and mucous membranes.[3] It is characterized by polygonal, flat-topped, violaceous papules and plaques with overlying, reticulated, fine white scale (Wickham's striae), commonly affecting dorsal hands, flexural wrists and forearms, trunk, anterior lower legs and oral mucosa. Although there is a broad clinical range of LP manifestations, the skin and oral cavity remain as the major sites of involvement. The cause is unknown, but it is thought to be the result of an autoimmune process with an unknown initial trigger. There is no cure, but many different medications and procedures have been used in efforts to control the symptoms.

Although *Lichen planus* can present with a variety of lesions, the most common presentation is as a well-defined area of purple-colored, itchy, flat-topped papules with interspersed lacy white lines (Wickham's striae).Treatment generally requires topical or intralesional corticosteroids. Severe cases may require phototherapy or systemic corticosteroids, retinoids, or immune suppressants. Many different treatments have been reported for cutaneous *Lichen planus*, however there is a general lack of evidence of efficacy for any treatment[4]. Treatments tend to be prolonged, partially effective and disappointing. The mainstay of localized skin lesions is topical steroids. Additional treatments include retinoids, such as acitretin, or sulfasalazine[5]. Narrow band UVB phototherapy or systemic PUVA therapy are known treatment modalities for generalized disease.[6]

Since itching persists after treatment for 3 months, dermatologist opinion about the prognosis of his condition and also awareness about the disadvantages, he had chosen Ayurvedic treatment for his condition. As there was no established Ayurvedic treatment available particularly for LP, he was also explained about line of treatmennt.

Case study-

A 40 yrs old male patient visited OPD with complaints of itchy, large verrucous lesions on medial malleolus of left leg for a long time. These symptoms were occurring off and on for the past 2 years and 5 months including a recurrence 2 months ago. Now this time lesion was on abdominal wall on left side also. The general condition of the patient was good and without alterations in vital signs. He had a normal appetite, bowel and bladder habit, and regular sleep pattern.

Local examination

Cutaneous examination revealed –

Solitary, well-circumscribed, slightly moist skin lesion seen over medial malleolus of the left leg including thigh and abdominal wall on left side.

-Few keratotic crusts appeared on the lesion of the left leg.

-The surrounding skin showed thickening and hyperpigmentation. The surface consisted of the slough and papillated excrescences closely grouped, aroused from the surrounding surface.

-No local tenderness or bleeding on manipulation was elicited, and no inguinal lymph nodes were involved. The mucous membranes were unaffected.

-No sign of varicose vein was observed on any of the legs.

Table 1-

Contents of *mahatiktak kashayam*[7]-

***Mahatiktam kashayam kashayam* ingredients:**

This herbal decoction is prepared based on the formula of Mahatiktakaghrita.
Herbal decoction is prepared from 10 grams of each of

- *Saptaparna – Alstoniascholaris*
- *Parpataka – Fumariaindica*
- *Shampaka – Cassia fistula*
- *Katuka – Picrorhizakurroa*
- *Vacha – Acoruscalamus*
- *Triphala – Haritaki – Terminaliachebula, Vibhitaki – Terminaliabellirica, Amla – Emblicaofficinalis*
- *Padmaka – Prunuspoddum*
- *Patha – Cycleapeltata / Cissampelospariera*
- *Haridra – Turmeric — Curcuma longa*
- *Daruharidra – Berberisaristata*
- *Sariva – Hemidsemusindicus*
- *Kana – Long pepper – Piper longum*
- *Nimba – Neem – Azadirachtaindica*
- *Chandana – Sandalwood – Santalum album*
- *Yashti – Licorice – Glycyrrhizaglabra*
- *Vishala – Citrulluscolocynthis*
- *Indrayava – Holarrhenaantidysenterica*
- *Amruta – Tinosporacordifolia*
- *Kiratatikta – Swertiachiraita*
- *Sevya – Ficusreligiosa*
- *Vrusha – Adhatodavasica*
- *Murva – Marsdeniatenacissima*
- *Shatavari – Asparagus racemosus*
- *Patola – Trichosanthesdioica*
- *Ativisha – Aconitum heterophyllum*
- *Musta – Cyperusrotundus*
- *Trayanti – Gentianakurroa*
- *Dhanvayasa – Alhagipseudalhagi*

Table 2-
Contents of mahamanjishthadi kashayam[8]-
Ingredients

Sr. No	***Sanskrit name***	***Botanical name***
1	*Manjishta*	*Rubiacordifolia*
2	*Haritaki*	*Terminaliachebula*
3	*Vibitaki*	*Terminaliabellirica*
4	*Amalaki*	*Emblicaofficinalis*
5	*Tikta*	*Picrorhizakurroa*
6	*Vacha*	*Acoruscalamus*
7	*Daru(devadaru)*	*Cedrusdeodara*
8	*Nisha*	*Curcuma longa*
9	*Amritha*	*Tinosporacordifolia*
10	*Nimba*	*Azadirachtaindica*

Table 3-

Contents of vilwadi Gutika-

Bilva (Indian Bael) Root Bark – Aegle Marmelos
Tulsi (Holy Basil) leaves – Ocimum Sanctum
Karanja (Karanj) fruit – PongamiaPinnata
Tagara – ValerianaWallichii
Devdaru (Deodar Cedar or Himalayan Cedar) – CedrusDeodara
Haritaki or Harad (ChebulicMyrobalan) –

TerminaliaChebula
Bibhitaki (Bahera) – TerminaliaBellirica
Amla (India Gooseberry) – PhyllanthusEmblica
Sonth (Ginger Rhizome) – ZingiberOfficinale
Kali Mirch (Black Pepper) – Piper Nigrum
Pippali (Long Pepper) – Piper Longum
Haldi (Turmeric) – Curcuma Longa
Daruhaldi (Daruharidra) – BerberisAristata
Basthamuthra

The patient was assessed clinically on every fortnight visit.Picture of the affected skin was taken at the time of initiation of the treatment and subsequently on every visit. The subsequent observations were also noted. The consecutive photographs were taken after each follow-up visit when compared with the before treatment status were able to exhibit the changes in the skin lesions.This shows a considerable improvement in the skin lesions after treatment. No adverse effect pertaining to the prescribed drug was also reported. After 2 months all symptoms were disappeared. On follow-up for 6 months, there was no recurrence of the lesions.

Discussion-

Although *Lichen planus* can present with a variety of lesions, the most common presentation is as a well-defined area of purple-coloured, itchy, flat-topped papules with interspersed lacy white lines (Wickham's striae). This description is known as the characteristic "6 Ps" of *Lichen planus*: planar (flat-topped), purple, polygonal, pruritic, papules, and plaques.This rash, after regressing, is likely to leave an area of hyperpigmentation that slowly fades.

CharmaKushtha is a clinical condition described in Ayurveda which resembles LP. Ayurvedic perspective of this particular case presenting with pruritus and verrucous lesion can be established with clinical presentation. Itching, hyperkeratosis and thickness all are the features of *Kapha* dominancy. Acanthosis (*Karshnya*) is the feature of aggravated *Vata*. On the basis of symptomatology, the disease can be equated with *Kapha-Vata Kushtha*.[10]

The etiology (*Nidanam*) of *Kushtha* is *Visha* (autoimmune), usually results from exposure to certain environmental factors or due to consumption of incompatible foods. Stress also plays a significant role in the case as excessive mental stress vitiates the *Rasa Dhatu* and Rasavaha *Srotas*, which is responsible for *Kapha Dushti*. The autoimmune nature of disease along with *Kapha Dushti* initially started as itchy lesion (*Kandu*) on both malleolus, which is *Kapha* predominant. Hence, the primary *Dosha* is *Kapha* when it involves the *Rasa Dhatu* and causes *Kandu* (*Kapha Dushti*), moist skin (*Kapha Dushti*), keratotic crust (*Kapha-Vata*), and thickening of skin (*Shopha* of hard form due to *Vata-Kapha Dushti*). Association of *Rakta Dhatu* leads to hyperpigmentation and acanthosis, and finally, moist skin (*Srava*) results from connection of *Lasika*. Varicosity of veins of lower limbs was not found in this case; however, medial malleolus affection is common due to poor vascularity. The patient was advised to report at an interval of 15 days or report as and when required for assessment. He was also advised to taper off modern medicines

with consultation of dermatologist. He was also advised to take his routine medicine for diabetes. Here, the drugs, dietary, and lifestyle modifications were chosen on the basis of *Nidanam* (causative factors of disease), involvement of dominant *Dosha* (*Kapha-Vata*), and nature of the disease (*Vyadhi*). Formulations having Kaphavataharam, Vishaharam, K andughna, Kushthaghna, and Vrana shodhana ropanam properties were used. Mahatiktak Kashayam is *Kushthaghna*, *Vishaghna*and having *Shamanam* (pacificatory) properties. It is effective in *Kandu*, *Prameha* and acts as *Dushta Vranavishodhaka*. *Mahamanjishthadi Kashayam* is also *Kaphahara*, *Kushthahara*, and *Vishahara*. It is rakta prasadak. Vilwadi gulika is actually mentioned in visha chikitsa. Visha is also one of the causative factors for kushtha. Viruddha anna, gara, visha are some of examples of it. So this gulika was chosen for the treatment. It is also kapha nashaka and rakta shodhak and prasadak. Thus this combination acts on LP as it is also kapha predominant condition with rakta dushti.

In first 15 days kandu lessens about 75% and circumference of papules decreased remarkedly. Colour of papules becomes faint. After one month kandu lessens up to 90%. New irruptions were less. Colour changes. After 2 months no symptom left as well as no new irruptions.

LP is a rare and difficult skin condition to cure. It is notorious for its recurrence and has also the possibility to develop into squamous cell carcinoma. The conventional treatment options available are also not satisfactory and having systemic side effects. This case study endorses a step towards Ayurvedic intervention *Lichen planus*.

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